

# **EXHIBIT A**

Tennessee Secretary of State

Tre Hargett



Elections Division  
312 Rosa L. Parks Avenue, 7th Floor  
Nashville, Tennessee 37243-1102

Mark Goins  
Coordinator of Elections

615-741-7956  
Mark.Goins@tn.gov

Friday, December 18, 2020

Ms. Donna Burgner  
Greene County Election Commission  
311 CCU BLVD  
STE 1  
Greeneville, TN 37745-3848

Dear Ms. Burgner:

Pursuant to Tenn. Code Ann. § 40-29-202, the below individual has successfully completed the restoration process for the following convictions:

<u>Name</u>	<u>Date of Restoration</u>
Amanda Lee Martin	12/18/2020
<u>Date of Conviction</u>	<u>Conviction</u>
08/15/05	Controlled Substance - Sell - Distribute - or Dispense

As of the above date of restoration, this individual is eligible to register to vote in Tennessee. Please be advised that if the individual has additional felony convictions not listed, or is convicted of a felony offense after the above date of restoration, he or she will be purged from the county's voter registration rolls and will no longer be eligible to vote in Tennessee pursuant to Tenn. Code Ann. § 40-20-112 until restored again.

Please contact me if I may provide any additional information.

Sincerely,

A handwritten signature in black ink that reads "Mark K. Goins". The signature is written in a cursive, flowing style.

Mark K. Goins  
Coordinator of Elections

MKG:jcl



State of Tennessee  
Department of State  
Division of Elections  
312 Eighth Avenue North  
William R. Snodgrass Tower, Ninth Floor  
Nashville, Tennessee 37243  
Phone: (615) 741-7956 Fax: (615) 741-1278

RECEIVED  
SEP 19 2005

BY:.....

Wednesday, September 14, 2005

Ms. Josephine Roberts  
Greene County Election Commission  
218 North Main Street  
Suite 1  
Greeneville, TN 37745-3816

Dear Ms. Roberts:

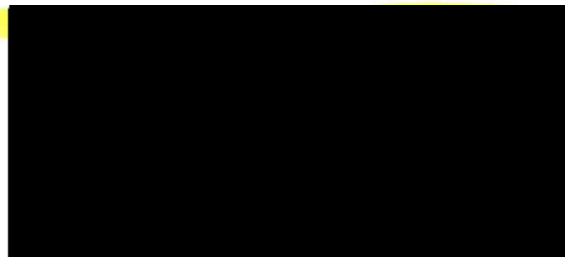
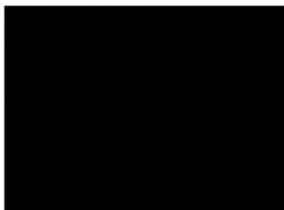
Enclosed is a copy of a federal criminal conviction that was sent to my office. I believe that it is appropriate to purge the following from your voter registration rolls, as it appears that the conviction is for a federal felony:

NAME

SOCIAL SECURITY

DATE OF BIRTH

38767  
15141(1)  
Amanda Martin



Please contact me if I may provide any additional information.

Sincerely,

Brook K. Thompson  
Coordinator of Elections

BKT:pm

Enclosure(s)

FILED

RECEIVED  
SEP 19 2005

United States District Court  
Eastern District of Tennessee

AUG 18 3 52 PM '05

U.S. DISTRICT COURT  
EASTERN DISTRICT OF TENNESSEE

BY: UNITED STATES OF AMERICA  
v.  
AMANDA MARTIN

JUDGMENT IN A CRIMINAL CASE  
(For Offenses Committed On or After November 1, 1987)

Case Number: 2:05-CR-01

William L. Francisco  
Defendant's Attorney

THE DEFENDANT:

- ☒ pleaded guilty to count(s): One of the Indictment  
☐ pleaded nolo contendere to count(s) \_\_\_ which was accepted by the court.  
☐ was found guilty on count(s) \_\_\_ after a plea of not guilty.

ACCORDINGLY, the court has adjudicated that the defendant is guilty of the following offense(s):

<u>Title &amp; Section</u>	<u>Nature of Offense</u>	<u>Date Offense Concluded</u>	<u>Count Number(s)</u>
21:841(a)(1) & 846	Conspiracy to distribute and possession with the intent to distribute, 50 grams or more of methamphetamine	10/1/04	One

The defendant is sentenced as provided in pages 2 through 6 of this judgment and the Statement of Reasons. The sentence is imposed pursuant to the Sentencing Reform Act of 1984.

- ☐ The defendant has been found not guilty on count(s) \_\_\_\_.
- ☐ Count(s) \_\_\_ ☐ is ☐ are dismissed on the motion of the United States.

IT IS ORDERED that the defendant shall notify the United States Attorney for this district within 30 days of any change of name, residence, or mailing address until all fines, restitution, costs, and special assessments imposed by this judgment are fully paid. If ordered to pay restitution, the defendant shall notify the court and the United States attorney of any material change in the defendant's economic circumstances.

8/15/05  
Date of Imposition of Judgment

Signature of Judicial Officer

J. RONNIE GREER, United States District Judge  
Name & Title of Judicial Officer

Date

8/10/05

E-filed 8-18-05  
R #: 20



DEFENDANT: AMANDA MARTIN  
CASE NUMBER: 2:05-CR-01

## IMPRISONMENT

The defendant is hereby committed to the custody of the United States Bureau of Prisons to be imprisoned for a total term of 41 months.

☒ The court makes the following recommendations to the Bureau of Prisons:

1. That the defendant receive credit for time served since 1/7/05.
2. It is strongly recommended that the defendant receive 500 hours of substance abuse treatment from the BOP Institution Residential Drug Abuse Treatment Program.
3. That the defendant receive mental health treatment. The Court's primary concern is to obtain drug treatment for the defendant.
4. That the defendant be designated to the Federal Facility closest to this area that has drug and mental health services.

☒ The defendant is remanded to the custody of the United States Marshal.

☐ The defendant shall surrender to the United States Marshal for this district:  
☐ at \_\_\_ ☐ a.m. ☐ p.m. on \_\_\_\_.  
☐ as notified by the United States Marshal.

☐ The defendant shall surrender for service of sentence at the institution designated by the Bureau of Prisons:  
☐ before 2 p.m. on \_\_\_\_.  
☐ as notified by the United States Marshal.  
☐ as notified by the Probation or Pretrial Services Office.

## RETURN

I have executed this judgment as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Defendant delivered on \_\_\_\_\_ to \_\_\_\_\_  
at \_\_\_\_\_, with a certified copy of this judgment.

UNITED STATES MARSHAL

By \_\_\_\_\_  
DEPUTY UNITED STATES MARSHAL

DEFENDANT: AMANDA MARTIN  
CASE NUMBER: 2:05-CR-01

## SUPERVISED RELEASE

Upon release from imprisonment, the defendant shall be on supervised release for a term of 5 years.

The defendant shall report to the probation office in the district to which the defendant is released within 72 hours of release from the custody of the Bureau of Prisons.

The defendant shall not commit another federal, state, or local crime.

The defendant shall not illegally possess a controlled substance. The defendant shall refrain from any unlawful use of a controlled substance. The defendant shall submit to one drug test within 15 days of release from imprisonment and at least two periodic drug tests thereafter, as determined by the court.

- ☐ The above drug testing condition is suspended, based on the court's determination that the defendant poses a low risk of future substance abuse. (Check, if applicable.)
- ☒ The defendant shall not possess a firearm, destructive device, or any other dangerous weapon. (Check, if applicable.)
- ☒ The defendant shall cooperate in the collection of DNA as directed by the probation officer. (Check, if applicable.)
- ☐ The defendant shall register with the state sex offender registration agency in the state where the defendant resides, works, or is a student, as directed by the probation officer. (Check, if applicable.)
- ☐ The defendant shall participate in an approved program for domestic violence. (Check, if applicable.)

If this judgment imposes a fine or a restitution obligation, it shall be a condition of supervised release that the defendant pay any such fine or restitution that remains unpaid at the commencement of the term of supervised release in accordance with the Schedule of Payments set forth in the Criminal Monetary Penalties sheet of this judgment.

The defendant shall comply with the standard conditions that have been adopted by this court (set forth below). The defendant shall also comply with the additional conditions on the attached page.

## STANDARD CONDITIONS OF SUPERVISION

- 1) the defendant shall not leave the judicial district without permission of the court or probation officer;
- 2) the defendant shall report to the probation officer and shall submit a truthful and complete written report within the first five days of each month;
- 3) the defendant shall answer truthfully all inquiries by the probation officer and follow the instructions of the probation officer;
- 4) the defendant shall support his or her dependants and meet other family responsibilities;
- 5) the defendant shall work regularly at a lawful occupation, unless excused by the probation officer for schooling, training, or other acceptable reasons;
- 6) the defendant shall notify the probation officer at least ten days prior to any change in residence or employment;
- 7) the defendant shall refrain from excessive use of alcohol and shall not purchase, possess, use, distribute, or administer any controlled substance or any paraphernalia related to any controlled substances, except as prescribed by a physician;
- 8) the defendant shall not frequent places where controlled substances are illegally sold, used, distributed, or administered;
- 9) the defendant shall not associate with any persons engaged in criminal activity and shall not associate with any person convicted of a felony, unless granted permission to do so by the probation officer;
- 10) the defendant shall permit a probation officer to visit him or her at any time at home or elsewhere and shall permit confiscation of any contraband observed in plain view of the probation officer;
- 11) the defendant shall notify the probation officer within seventy-two hours of being arrested or questioned by a law enforcement officer;
- 12) the defendant shall not enter into any agreement to act as an informer or a special agent of a law enforcement agency without the permission of the court;
- 13) as directed by the probation officer, the defendant shall notify third parties of risks that may be occasioned by the defendant's criminal record or personal history or characteristics and shall permit the probation officer to make such notifications and to confirm the defendant's compliance with such notification requirement.

DEFENDANT: AMANDA MARTIN  
CASE NUMBER: 2:05-CR-01

## **SPECIAL CONDITIONS OF SUPERVISION**

1. You shall participate in a program of testing and treatment for drug and/or alcohol abuse, as directed by the probation officer, until such time as you are released from the program by the probation officer.
2. You shall participate in a program of mental health treatment, as directed by the probation officer, until such time as you are released from the program by the probation officer. You shall waive all rights to confidentiality regarding mental health treatment in order to allow release of information to the supervising United States Probation Officer and to authorize open communication between the probation officer and the mental health treatment provider.

DEFENDANT: AMANDA MARTIN  
CASE NUMBER: 2:05-CR-01

## CRIMINAL MONETARY PENALTIES

The defendant shall pay the following total criminal monetary penalties in accordance with the schedule of payments set forth on Sheet 5, Part B. The assessment is ordered in accordance with 18 U.S.C. § 3013.

	<u>Assessment</u>	<u>Fine</u>	<u>Restitution</u>
Totals:	\$ 100.00	\$	\$

- ☐ The determination of restitution is deferred until   . An *Amended Judgment in a Criminal Case* (AO 245C) will be entered after such determination.
- ☐ The defendant shall make restitution (including community restitution) to the following payees in the amounts listed below.

If the defendant makes a partial payment, each payee shall receive an approximately proportioned payment, unless specified otherwise in the priority order or percentage payment column below. However, if the United States is a victim, all other victims, if any, shall receive full restitution before the United States receives any restitution, and all restitution shall be paid to the victims before any restitution is paid to a provider of compensation, pursuant to 18 U.S.C. § 3664.

<u>Name of Payee</u>	<u>*Total Amount of Loss</u>	<u>Amount of Restitution Ordered</u>	<u>Priority Order or Percentage of Payment</u>
TOTALS:	\$ _	\$ _	

- ☐ If applicable, restitution amount ordered pursuant to plea agreement \$ \_

The defendant shall pay interest on any fine or restitution of more than \$2500, unless the fine or restitution is paid in full before the fifteenth day after the date of judgment, pursuant to 18 U.S.C. §3612(f). All of the payment options on Sheet 5, Part B may be subject to penalties for delinquency and default, pursuant to 18 U.S.C. §3612(g).

- ☐ The court determined that the defendant does not have the ability to pay interest, and it is ordered that:
- ☐ The interest requirement is waived for the ☐ fine and/or ☐ restitution.
- ☐ The interest requirement for the ☐ fine and/or ☐ restitution is modified as follows:

\* Findings for the total amount of losses are required under Chapters 109A, 110, 110A, and 113A of Title 18, United States Code, for offenses committed on or after September 13, 1994 but before April 23, 1996.

DEFENDANT: AMANDA MARTIN  
CASE NUMBER: 2:05-CR-01

## SCHEDULE OF PAYMENTS

Having assessed the defendant's ability to pay, payment of the total criminal monetary penalties shall be due as follows:

- A ☒ Lump sum payment of \$ 100.00 due immediately, balance due  
    ☐ not later than \_\_, or  
    ☐ in accordance with ☐ C, ☐ D, or ☐ E or ☐ F below; or
- B ☐ Payment to begin immediately (may be combined with ☐ C, ☐ D, or ☐ F below); or
- C ☐ Payment in \_\_\_\_ (e.g., equal, weekly, monthly, quarterly) installments of \$ \_ over a period of \_ (e.g., months or years), to commence \_ (e.g., 30 or 60 days) after the date of this judgment; or
- D ☐ Payment in \_\_\_\_ (e.g., equal, weekly, monthly, quarterly) installments of \$ \_ over a period of \_ (e.g., months or years), to commence \_ (e.g., 30 or 60 days) after release from imprisonment to a term of supervision; or
- E ☐ Payment during the term of supervised release will commence within \_ (e.g., 30 or 60 days) after release from imprisonment. The court will set the payment plan based on an assessment of the defendant's ability to pay at that time; or
- F ☐ Special instructions regarding the payment of criminal monetary penalties:

Unless the court has expressly ordered otherwise, if this judgment imposes a period of imprisonment, payment of criminal monetary penalties is due during the period of imprisonment. Unless otherwise directed by the court, the probation officer, or the United States attorney, all criminal monetary penalties, except those payments made through the Federal Bureau of Prisons' Inmate Financial Responsibility Program, shall be made to **U.S. District Court, 800 Market St., Suite 130, Knoxville, TN 37902**. Payments shall be in the form of a check or a money order, made payable to U.S. District Court, with a notation of the case number.

The defendant shall receive credit for all payments previously made toward any criminal monetary penalties imposed.

☐ Joint and Several

Defendant Name, Case Number, and Joint and Several Amount:

- ☐ The defendant shall pay the cost of prosecution.
- ☐ The defendant shall pay the following court cost(s):
- ☐ The defendant shall forfeit the defendant's interest in the following property to the United States:

Payments shall be applied in the following order: (1) assessment, (2) restitution principal, (3) restitution interest, (4) fine principal, (5) community restitution, (6) fine interest (7) penalties, and (8) costs, including cost of prosecution and court costs.

## Attachment---Statement of Reasons

DEFENDANT: Amanda Lee Martin  
CASE NUMBER: 2:05-CR-01-001  
DISTRICT: EASTERN DISTRICT OF TENNESSEE AT GREENEVILLE

**STATEMENT OF REASONS**

(Not for Public Disclosure)

**I COURT FINDINGS ON PRESENTENCE INVESTIGATION REPORT**

- A ☒ The court adopts the presentence investigation report without change.
- B ☐ The court adopts the presentence investigation report with the following changes.  
(Check all that apply and specify court determinations, findings, or comments, referencing paragraph numbers in the presentence report, if applicable.) (Use page 4 if necessary.)
- 1 ☐ Chapter Two of the U.S.S.G. Manual determinations by court (including changes to base offense level, or specific offense characteristics):
- 2 ☐ Chapter Three of the U.S.S.G. Manual determinations by court (including changes to victim-related adjustments, role in the offense, obstruction of justice, multiple counts, or acceptance of responsibility):
- 3 ☐ Chapter Four of the U.S.S.G. Manual determinations by court (including changes to criminal history category or scores, career offender, or criminal livelihood determinations):
- 4 ☐ Additional Comments or Findings (including comments or factual findings concerning certain information in the presentence report that the Federal Bureau of Prisons may rely on when it makes inmate classification, designation, or programming decisions).
- C ☐ The record establishes no need for a presentence investigation report pursuant to Fed.R.Crim.P. 32.

**II COURT FINDING ON MANDATORY MINIMUM SENTENCE (Check all that apply.)**

- A ☐ No count of conviction carries a mandatory minimum sentence.
- B ☐ Mandatory minimum sentence imposed.
- C ☒ One or more counts of conviction alleged in the indictment carry a mandatory minimum term of imprisonment, but the sentence imposed is below a mandatory minimum term because the court has determined that the mandatory minimum does not apply based on
- ☐ findings of fact in this case
- ☐ substantial assistance (18 U.S.C. § 3553(e))
- ☐ the statutory safety valve (18 U.S.C. § 3553(f))

**III COURT DETERMINATION OF ADVISORY GUIDELINE RANGE (BEFORE DEPARTURES)**Total Offense Level: 25Criminal History Category: IImprisonment Range: 57 to 71 monthsSupervised Release Range: 3 to 5 yearsFine Range: \$ 10,000 to \$ 2,000,000☒ Fine waived or below the guideline range because of inability to pay.

DEFENDANT: Amanda Lee Martin  
CASE NUMBER: 2:05-CR-01-001  
DISTRICT: EASTERN DISTRICT OF TENNESSEE AT GREENEVILLE

**STATEMENT OF REASONS**  
(Not for Public Disclosure)

**IV ADVISORY GUIDELINE SENTENCING DETERMINATION** (Check only one.)

- A ☐ The sentence is within an advisory guideline range that is not greater than 24 months, and the court finds no reason to depart.
- B ☐ The sentence is within an advisory guideline range that is greater than 24 months, and the specific sentence is imposed for these reasons.  
(Use page 4 if necessary.)
- C ☒ The court departs from the advisory guideline range for reasons authorized by the sentencing guidelines manual.  
(Also complete Section V.)
- D ☐ The court imposes a sentence outside the advisory sentencing guideline system. (Also complete Section VI.)

**V DEPARTURES AUTHORIZED BY THE ADVISORY SENTENCING GUIDELINES** (if applicable)

- A The sentence imposed departs (Check only one.):  
☒ below the advisory guideline range; or  
☐ above the advisory guideline range.
- B Departure based on (Check all that apply.):
- 1 **Plea Agreement** (Check all that apply and check reason(s) below.):  
☒ 5K1.1 plea agreement based on the defendant's substantial assistance;  
☐ 5K3.1 plea agreement based on Early Disposition or "Fast-track" Program;  
☐ binding plea agreement for departure accepted by the court;  
☐ plea agreement for departure, which the court finds to be reasonable;  
☐ plea agreement that states that the government will not oppose a defense departure motion.
- 2 **Motion Not Addressed in a Plea Agreement** (Check all that apply and check reason(s) below.):  
☐ 5K1.1 government motion based on the defendant's substantial assistance;  
☐ 5K3.1 government motion based on Early Disposition or "Fast-track" program;  
☐ government motion for departure;  
☐ defense motion for departure to which the government did not object;  
☐ defense motion for departure to which the government objected.
- 3 **Other**  
☐ Other than a plea agreement or motion by the parties for departure (Check reason(s) below.):

**Reason(s) for Departure** (Check all that apply other than 5K1.1 or 5K3.1.)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> 4A1.3 Criminal History Inadequacy                         | <input type="checkbox"/> 5K2.1 Death                             | <input type="checkbox"/> 5K2.11 Lesser Harm                             |
| <input type="checkbox"/> 5H1.1 Age   | <input type="checkbox"/> 5K2.2 Physical Injury                   | <input type="checkbox"/> 5K2.12 Coercion and Duress                     |
| <input type="checkbox"/> 5H1.2 Education and Vocational Skills                     | <input type="checkbox"/> 5K2.3 Extreme Psychological Injury      | <input type="checkbox"/> 5K2.13 Diminished Capacity                     |
| <input type="checkbox"/> 5H1.3 Mental and Emotional Condition                      | <input type="checkbox"/> 5K2.4 Abduction or Unlawful Restraint   | <input type="checkbox"/> 5K2.14 Public Welfare                          |
| <input type="checkbox"/> 5H1.4 Physical Condition                                  | <input type="checkbox"/> 5K2.5 Property Damage or Loss           | <input type="checkbox"/> 5K2.16 Voluntary Disclosure of Offense         |
| <input type="checkbox"/> 5H1.5 Employment Record                                   | <input type="checkbox"/> 5K2.6 Weapon or Dangerous Weapon        | <input type="checkbox"/> 5K2.17 High-Capacity, Semiautomatic Weapon     |
| <input type="checkbox"/> 5H1.6 Family Ties and Responsibilities                    | <input type="checkbox"/> 5K2.7 Disruption of Government Function | <input type="checkbox"/> 5K2.18 Violent Street Gang                     |
| <input type="checkbox"/> 5H1.11 Military Record, Charitable Service,<br>Good Works | <input type="checkbox"/> 5K2.8 Extreme Conduct                   | <input type="checkbox"/> 5K2.20 Aberrant Behavior                       |
| <input type="checkbox"/> 5K2.0 Aggravating or Mitigating Circumstances             | <input type="checkbox"/> 5K2.9 Criminal Purpose                  | <input type="checkbox"/> 5K2.21 Dismissed and Uncharged Conduct         |
|  | <input type="checkbox"/> 5K2.10 Victim's Conduct                 | <input type="checkbox"/> 5K2.22 Age or Health of Sex Offenders          |
|  |  | <input type="checkbox"/> 5K2.23 Discharged Terms of Imprisonment        |
|  |  | <input type="checkbox"/> Other guideline basis (e.g., 2B1.1 commentary) |

Explain the facts justifying the departure. (Use page 4 if necessary.)



DEFENDANT: Amanda Lee Martin  
CASE NUMBER: 2:05-CR-01-001  
DISTRICT: EASTERN DISTRICT OF TENNESSEE AT GREENEVILLE

**STATEMENT OF REASONS**  
(Not for Public Disclosure)

**VI COURT DETERMINATION FOR SENTENCE OUTSIDE THE ADVISORY GUIDELINE SYSTEM**  
(Check all that apply.)

**A The sentence imposed is (Check only one.):**

- ☒ below the advisory guideline range; or  
☐ above the advisory guideline range.

**B Sentence imposed pursuant to (Check all that apply.):**

**1 Plea Agreement (Check all that apply and check reason(s) below.):**

- ☒ binding plea agreement for a sentence outside the advisory guideline system accepted by the court;  
☐ plea agreement for a sentence outside the advisory guideline system, which the court finds to be reasonable;  
☐ plea agreement that states that the government will not oppose a defense motion to the court to sentence outside the guideline system.

**2 Motion Not Addressed in a Plea Agreement (Check all that apply and check reason(s) below.):**

- ☐ government motion for a sentence outside of the advisory guideline system,  
☐ defense motion for a sentence outside of the advisory guideline system to which the government did not object;  
☐ defense motion for a sentence outside of the advisory guideline system to which the government objected.

**3 Other**

- ☐ Other than a plea agreement or motion by the parties for a sentence outside of the guideline system (Check reason(s) below.):

**Reason(s) for Sentence Outside the Advisory Guideline System (Check all that apply.)**

- ☐ the nature and circumstances of the offense and the history and characteristics of the defendant pursuant to 18 U.S.C. § 3553(a)(1);  
☐ to reflect the seriousness of the offense, to promote respect for the law, and to provide just punishment for the offense (18 U.S.C. § 3553(a)(2)(A));  
☐ to afford adequate deterrence to criminal conduct (18 U.S.C. § 3553(a)(2)(B));  
☐ to protect the public from further crimes of the defendant (18 U.S.C. § 3553(a)(2)(C));  
☐ to provide the defendant with needed educational or vocational training, medical care, or other correctional treatment in the most effective manner (18 U.S.C. § 3553(a)(2)(D));  
☐ to avoid unwarranted sentencing disparities among defendants (18 U.S.C. § 3553(a)(6));  
☐ to provide restitution to any victims of the offense (18 U.S.C. § 3553(a)(7)).

Explain the facts justifying a sentence outside the advisory guideline system. (Use page 4 if necessary.)

DEFENDANT: Amanda Lee Martin  
CASE NUMBER: 2:05-CR-01-001  
DISTRICT: EASTERN DISTRICT OF TENNESSEE AT GREENEVILLE

**STATEMENT OF REASONS**  
(Not for Public Disclosure)

**VII COURT DETERMINATIONS OF RESTITUTION**

- A ☒ Restitution Not Applicable.
- B Total Amount of Restitution: \$ \_\_\_\_\_
- C Restitution not ordered (Check only one.):
- 1 ☐ For offenses for which restitution is otherwise mandatory under 18 U.S.C. § 3663A, restitution is not ordered because the number of identifiable victims is so large as to make restitution impracticable under 18 U.S.C. § 3663A(c)(3)(A).
- 2 ☐ For offenses for which restitution is otherwise mandatory under 18 U.S.C. § 3663A, restitution is not ordered because determining complex issues of fact and relating them to the cause or amount of the victims' losses would complicate or prolong the sentencing process to a degree that the need to provide restitution to any victim would be outweighed by the burden on the sentencing process under 18 U.S.C. § 3663A(c)(3)(B).
- 3 ☐ For other offenses for which restitution is authorized under 18 U.S.C. § 3663 and/or required by the sentencing guidelines, restitution is not ordered because the complication and prolongation of the sentencing process resulting from the fashioning of a restitution order outweigh the need to provide restitution to any victims under 18 U.S.C. § 3663(a)(1)(B)(ii).
- 4 ☐ Restitution is not ordered for other reasons. (Explain)
- D ☐ Partial restitution is ordered under 18 U.S.C. § 3663(c) for these reasons:

**VIII ADDITIONAL FACTS JUSTIFYING THE SENTENCE IN THIS CASE (if applicable).**

Sections I, II, III, IV, and VII of the Statement of Reasons form must be completed in all felony cases.

Defendant's Soc. Sec. No.: [REDACTED]  
Defendant's Date of Birth: [REDACTED]  
Defendant's Residence Address: 1460 Old Baileyton Road  
Afton, TN 37616  
Defendant's Mailing Address: 1460 Old Baileyton Road  
Afton, TN 37616

Date of Imposition of Judgment 08/15/05  
Signature of Judge  
Honorable J. Ronnie Greer, United States District Judge  
Name and Title of Judge  
Date Signed 8/18/05

GREENE COUNTY ELECTION COMMISSION  
218 NORTH MAIN STREET, SUITE 1  
GREENEVILLE, TN 37745  
PHONE (423) 798-1715

September 21, 2005

Dear Amanda Martin,

Please be advised that your voter registration records have been purged due to the fact that we received notice from the United States District Court Eastern District of Tennessee that you were convicted on August 15, 2005.

You may register to vote under the provisions of T.C.A. 40-29-105 upon completion of your conviction terms.

Sincerely,

*Josephine Roberts*

Josephine Roberts  
Administrator of Elections



State of Tennessee  
Department of State

Division of Elections  
312 Eighth Avenue North  
William R. Snodgrass Tower, Ninth Floor  
Nashville, Tennessee 37243  
Phone: (615) 741-7956 Fax: (615) 741-1278

RECEIVED  
SEP 14 2005

BY: .....

Wednesday, September 14, 2005

Ms. Josephine Roberts  
Greene County Election Commission  
218 North Main Street  
Suite 1  
Greeneville, TN 37745-3816

Dear Ms. Roberts:

Enclosed is a copy of a federal criminal conviction that was sent to my office. I believe that it is appropriate to purge the following from your voter registration rolls, as it appears that the conviction is for a federal felony:

NAME  
38747 Amanda Martin

SOCIAL SECURITY DATE OF BIRTH

John Doe

Please contact me if I may provide any additional information.

Sincerely,

*Brook K. Thompson*

Brook K. Thompson  
Coordinator of Elections

BKT:pm

Enclosure(s)

The Department of State is an equal opportunity, equal access, affirmative action employer.

AMANDA MARTIN  
1105 OLD BAILEYTON ROAD  
ARTON, TN

MARTIN 376161007 1005 06 01/07/05  
RETURN TO SENDER  
MOVED LEFT NO ADDRESS  
UNABLE TO FORWARD

01-11-06A10:35 RCVD



UNITED STATES POSTAGE  
\$00.370  
0704347717 SEP 21 2005  
MAILED FROM ZIP CODE 37745

VOTING RECORD										TRANSFERRED TO NEW ADDRESS			
YEAR	MARCH MAY		AUGUST		NOV.	CITY	OTHER	NEW ADDRESS (and mailing address if different)	DISTRICT / WARD / PRECINCT	CLERK	DATE		
	PARTY	APPL. NO.	PARTY	APPL. NO.								GENERAL APPL. NO.	APPL. NO.
1996								1400 Nov 2000	NT	NT	11-27-00		
1997								1105 Old Beaufort Rd. N. H. 02042					
1998													
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2012													
2013													
2014													
2015													
2016													

38767 MARTIN, AMANDA L.

FOR COUNTY ELECTION COMMISSION USE ONLY

Reg # 38767 Approved JK Eff. Date 2/14/97

Mail Chal Cross Anchor Ward 5

1 ☐ ADDRESS CHANGE ☐ NAME CHANGE

2 LAST NAME Amanda FIRST NAME L MIDDLE INITIAL L SEX ☐ M ☒ F RACE (OPTIONAL) white

3 ADDRESS WHERE YOU LIVE (DO NOT GIVE A P.O. BOX) 3720 Old Baileyton Rd. CITY Greenville COUNTY Greene ZIP CODE 37745

4 ADDRESS WHERE YOU GET YOUR MAIL (IF DIFFERENT FROM #3)

5 DATE OF BIRTH Greenville 6 SOCIAL SECURITY NUMBER, if any [REDACTED] DAYTIME PHONE NUMBER 7423-234-4154

8 NAME AND ADDRESS ON LAST VOTER REGISTRATION Registration terminated this 9-21-05

NAME because of felony ADDRESS 1105 Old Baileyton Rd. CITY Greenville COUNTY Greene ZIP 37745

9 HAVE YOU EVER BEEN CONVICTED OF A CRIME WHICH IS A FELONY? ☐ YES ☒ NO JK

WARNING: Giving false information to register to vote or attempting to register when not qualified are felonies punishable by not less than one (1) year nor more than six (6) years' imprisonment or a fine of \$3,000 or both.

10 VOTER DECLARATION Read and sign.

I swear or affirm that:

- \* I am a U.S. citizen.
- \* I am a resident of the State of Tennessee.
- \* I will be at least 18 years old on/or before the next election.
- \* I have never been convicted of a felony, or I have had my rights restored as required by law.

Signature (for mark) of Applicant X Amanda R Martin Date 2-4-72

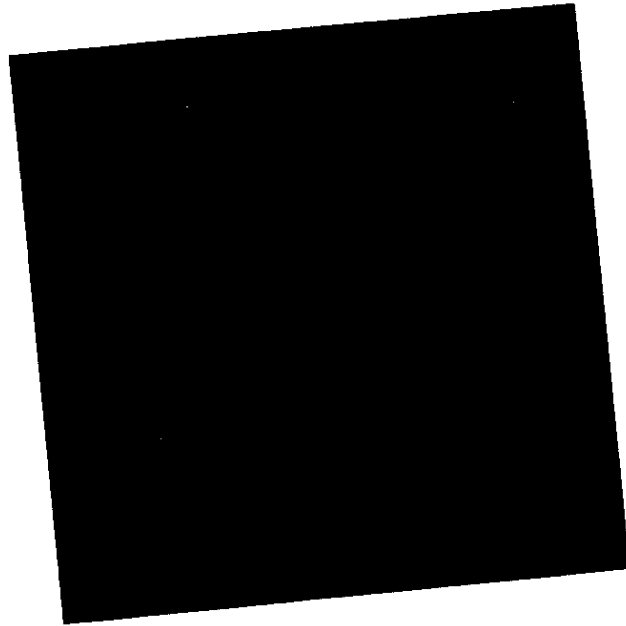
If applicant is unable to sign, provide signature of person who signed for applicant.

Signature of Person Assisting 1105 Old Baileyton Rd. 4th

Martin, Amanda L. 3720 Old Baileyton Road Greenville 21st Cross Anchor

**TRANSFERRED TO NEW ADDRESS**

Time Received 10:00am 4:20pm  
Dr. Dixon  
 Greene County Election Comm.  
 JUL 13 2012  
 218 N. Main St., Suite 1  
 Greeneville, TN 37745





PR-1  
SS-1003

ORIGINAL

PERMANENT REGISTRATION RECORD  
County, Tennessee

OUT

1. Mr. Martin Amenda L.  
Last Name First Middle Initial

2. Legal Residence  
House or Apt. No. Rte. and Box No. 1830 Bobbs Mill Rd.  
City Aston State IN Zip 37016  
Street or Road

3. Mailing or new address if different from legal residence  
Community or Neighborhood or Nearest Cross Street  
Same As Above  
House or Apt. No. Rte. and Box No.  
City State Street or Road

4. (423) 525-3563  
City State Zip

5. Date and Place of Birth  
City Greenville State TN  
Soc. Sec. No. [REDACTED]

6. Your maiden name if you were previously registered  
City Greenville State IN  
Race W People

7. Where were you last registered to vote?  
City County State Zip

8. ARE YOU A NATIVE BORN OR HAVE YOU BEEN A RESIDENT OF THE STATE OF TENNESSEE FOR 30 DAYS OR MORE?  
1. YES X NO  
2. YES X NO

9. HAVE YOU EVER BEEN CONVICTED OF A CRIME WHICH IS A FELONY IN THIS STATE BY A COURT IN THIS STATE, A COURT OF ANOTHER STATE, OR A FEDERAL COURT?  
YES X NO

10. IF THE ANSWER TO QUESTION 9 IS "YES," LIST THE CRIME, OR CRIMES, FOR WHICH YOU WERE CONVICTED, AND DATE, OR DATES, OF CONVICTION (SPACE AVAILABLE ON REVERSE SIDE)

DO NOT WRITE IN SHADED AREA

REG. # APPROVED EFF. DATE 7-13-12 DIST. PRECINCT

11. IF THE ANSWER TO QUESTION 9 IS "YES," HAVE YOU RECEIVED A PARDON OR HAD YOUR FULL RIGHTS OF CITIZENSHIP RESTORED BY A COURT FOR ALL CRIMES LISTED? YES NO

12. If Registrant Sign By His Mark, Or Cannot Sign At All, Fill In The Following Information:  
HEIGHT 5'10" COLOR EYES BRN HAIR COLOR BRN DISTINGUISHING MARKS OR FEATURES None

13. I, being duly sworn on oath (for affirmation) declare that the above address is my legal residence and that I am a resident of such residence for an undetermined period of time and say that to the best of my knowledge and belief all of the foregoing statements made by me are true.

7-13-12 Date  
Signature for mark of Applicant Amenda Martin

SWORN TO AND SUBSCRIBED TO BEFORE ME THIS 13th  
DAY OF July 2012

Signature of Registrar or other person taking affidavit Angela H. Greaves  
Official Position Deputy

SIGNATURES OF PRECINCT REGISTRARS  
Name [REDACTED]  
Name [REDACTED]

*Fax Transmission*

*Date: July 14, 2012*

*To: Cara Harr*

*Division of Elections Office  
312 Rosa L. Parks Ave., Snodgrass Towers  
Nashville, TN 37243  
Phone (615) 741-7956  
Fax number: (615) 741-1278*

*COPY*

*From: Donna A. Burgner, AOE*

*Greene County Election Commission  
218 N. Main Street, Suite #1  
Greeneville, TN 37745  
Phone number: (423) 798-1715  
Fax number: (423) 798-1719*

*In reference to: One applicant convicted of a felony that registered to vote  
and presented documentation to determine eligibility to register to vote.*

*Could you please review and advise us if the enclosed Certificate of  
restoration meets the needed requirements?*

*Other: Documents from Circuit Court Clerk's Office  
for non-registered voter*

The information transmitted via fax is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. If the reader of this message is not the intended recipient(s), please note any dissemination, distribution or copying of communication is strictly prohibited. If you received this in error, please contact the sender immediately by phone.

TRANSMISSION VERIFICATION REPORT

TIME : 07/14/2012 16:17  
NAME : GREENE CO ELECTION O  
FAX : 4237981719  
TEL : 4237981715  
SER.# : 000E6J318381

DATE, TIME  
FAX NO./NAME  
DURATION  
PAGE(S)  
RESULT  
MODE

07/14 16:15  
COORDINATOR  
00:01:28  
10  
OK  
STANDARD  
ECM

COPY



**CERTIFICATE OF RESTORATION**  
**For Persons Convicted of a Felony After May 18, 1981**  
**STATE OF TENNESSEE**

Received @ 7/13/2012 @ 4:20pm In-Person  
Greene County Election Commission  
*ABR*

(To be eligible for voter registration, the person must be current in all child support obligations, if any.)

COMPLETED BY AN AGENT OF THE PARDONING AUTHORITY, AN AGENT OR OFFICER OF THE INCARCERATING AUTHORITY, OR A PROBATION/PAROLE OFFICER OR AGENT OF THE SUPERVISING AUTHORITY:

1. I, hereby certify that the following information is true and correct:

a. Applicant's Name: Amanda Martin

b. Applicant's County of Residence: Greene

c. Felony Conviction: Controlled Substance-sell-distribute-or dispense

d. Mo/Day/Yr. of Conviction: 08/15/05

e. Date of Birth: [REDACTED]

f. Soc. Sec. No.: [REDACTED]

2. On the 7th day of April, 2010

**3. CHECK ONE**

- ☐ The above individual received a pardon which contained no special conditions pertaining to the right of suffrage. A copy of said pardon is attached hereto; or
- ☐ The maximum sentence imposed for such infamous crime has been served by the above individual; or
- ☐ The maximum sentence imposed for such infamous crime has expired; or
- ☒ The above individual has been granted final release from incarceration or supervision by the Board of Probation and Parole, the Department of Correction, or county correction authorities. U.S. Probation Office, Greeneville, TN.

4. Cara Widner

SIGNATURE

4/8/10

DATE OF SIGNATURE

Cara Widner

PRINTED NAME

U.S. Probation Officer

TITLE

200 W. Depot St. Greeneville, TN

ADDRESS

(423) 638-8121 ext. 1005

DAYTIME PHONE NUMBER

COMPLETED BY THE CIRCUIT/CRIMINAL COURT CLERK, OR AGENT THEREOF:

5. I hereby certify that the following information is true and correct:

(CHECK ONE)

- ☒ The court did not order the above individual to pay any restitution as a part of his or her sentence; or
- ☒ All of the assessment fee restitution ordered by the court as a part of the sentence for the above individual has been paid. \$100 receipt # 14464

6. Frances Mahery

SIGNATURE

7/13/12

DATE OF SIGNATURE

Frances Mahery

PRINTED NAME

Case manager

TITLE

USDC 220 W Depot Suite 200

ADDRESS

( ) 423-639-3105

DAYTIME PHONE NUMBER

Greeneville, TN 37743

## INSTRUCTIONS

### Instructions to the Agent Completing the Certificate of Restoration:

1. **APPLICANT INFORMATION.** Provide the requested information.  
For 1c, list the crime(s) for which the person was convicted.  
For 1d, list the date the person was convicted for the crime listed in 1c.
2. **AFFIRMATION CLAUSE.** Provide the date that:
  - i. the applicant received a pardon;
  - ii. the applicant was released from a penal institution and had served the maximum sentence;
  - iii. the applicant's maximum sentence expired; or
  - iv. the applicant was granted final release from incarceration or supervision by the Board of Probation and Parole, the Department of Correction, or the county correction authorities.
3. **REASON FOR RESTORATION.** Check the appropriate box.
4. **SIGNATURE OF THE PROPER AUTHORITY.** Information required in boxes numbered 1-4 must be completed and signed by either:
  - i. the pardoning authority;
  - ii. an agent or officer of the supervising or incarcerating authority; or
  - iii. a probation/parole officer.
5. **CERTIFICATION REGARDING RESTITUTION REQUIREMENTS.** Check the appropriate box.
6. **SIGNATURE OF THE PROPER AUTHORITY.** Information required in boxes numbered 5-6 must be completed and signed by:
  - i. the circuit or criminal court clerk or an agent of the clerk of court; or
  - ii. a probation/parole officer, or an agent or officer of the supervising or incarcerating authority who has knowledge of the applicant's restitution requirements.

### Persons convicted of any of the following, cannot have his or her voting rights restored:

- Between July 1, 1986, and June 30, 1996 - first degree murder, aggravated rape, treason, or voter fraud
- Between July 1, 1996, and June 30, 2006 - murder, rape, treason, or voter fraud
- On or after July 1, 2006 - Any of the above, or any degree of murder or rape or any felony offense under TCA Title 39, Chapter 16, parts 1, 4, or 5; or any sexual offense under TCA § 40-39-202(17) or any violent sexual offense under TCA § 40-39-202(25) designated as a felony and where the victim of such offense was a minor

### Instructions to the Applicant Seeking to have His or Her Voting Rights Restored:

- After completion, the original form must be filed with the local county election commission

#### NOTICE

If a person has child support obligations, to have one's voting rights restored, the person must be current in the payment of all child support obligations. Before restoring the voting rights of an applicant, the Coordinator of Elections will verify with the Department of Human Services that the applicant does not have any outstanding child support payments due.



# VOTING RECORD

## TRANSFERRED TO NEW ADDRESS

Year	Primary Elections		General Elections		City Elections		Other Elections Ballot No.	House No.	Street, Road or R.F.D. No.	Ward or County Precinct	Clerk	Date
	Party	Ballot No.	August Ballot No.	November Ballot No.	Primary Ballot No.	Regular Ballot No.						
1986												
1987												
1988												
1989												
1990												
1991												
1992												
1993												
1994												
1995												
1996												
1997												
1998												
1999												
2000												
2001												
2002												
2003												
2004												
2005												

Time Received 7:10:00pm

Greene County Election Comm.

JUL 13 2012

DATE 8/05

CRIME(S) Controlled substance

STATE TN

276 N. Main St., Suite 1

Greenville, TN 37745

## PERMANENT REGISTRATION RECORD

County, Tennessee

out

1. Legal Residence

Mr. Mrs. Ms. Martin Shanda L.

Last Name First Middle Initial

Address of Apartment, Flat, or Room 1830 Bobbs Mill Rd. Street or Road

City Astoria State OR Zip 97103

2. Information on previous residence or mailing address if different from legal residence

House of Apt. No. Rm. and Bldg. No. None As Above Street or Road

City None As Above State None As Above Zip None As Above

3. Date and Place of Birth

Month 04 Day 25 Year 1953 Occupation Greenville, TN Soc. Sec. No. None As Above

4. Your maiden name if you were previously registered

Name None As Above Race W / Single State None As Above

5. Where were you last registered to vote?

City None As Above County None As Above State None As Above Zip None As Above

6. ARE YOU A NATIVE BORN OR NATURALIZED CITIZEN?

1 YES YES 2 YES YES HAVE YOU BEEN A RESIDENT OF THE STATE OF TENNESSEE FOR 20 DAYS OR MORE? YES

7. HAVE YOU EVER BEEN CONVICTED OF A CRIME WHICH IS A FELONY IN THIS STATE, BY A COURT IN THIS STATE, A COURT OF ANOTHER STATE OR A FEDERAL COURT?

YES NO YES NO YES NO YES NO

8. IF THE ANSWER TO QUESTION 6 IS "YES," LIST THE CRIME OR CRIMES FOR WHICH YOU WERE CONVICTED, AND DATE OR DATES OF CONVICTION (SPACE AVAILABLE ON REVERSE SIDE)

9. SIGNATURES OF PRECINCT REGISTRARS

Name \_\_\_\_\_

Name \_\_\_\_\_

Signature of Registrar \_\_\_\_\_

Signature of Registrar \_\_\_\_\_

Official Position \_\_\_\_\_

10. SWORN TO AND SUBSCRIBED TO BEFORE ME THIS 13th DAY OF July 2020

Signature of Registrar \_\_\_\_\_

Signature of Registrar \_\_\_\_\_

11. APPROVED (Signature) PRECINCT \_\_\_\_\_

12. IF REGISTRATION IS BY MAIL, ON SEPTEMBER 15, 2020, THE FOLLOWING INFORMATION:

HEIGHT \_\_\_\_\_ FT. \_\_\_\_\_ INCHES COLOR \_\_\_\_\_ EYES \_\_\_\_\_ HAIR \_\_\_\_\_ COMPLEXION \_\_\_\_\_ DISTINGUISHING MARKS OR FEATURES \_\_\_\_\_

13. I declare that the above information is true and correct to the best of my knowledge and belief as of the foregoing statements made by me at this time.

Signature of Registrar \_\_\_\_\_



**GREENE COUNTY ELECTION COMMISSION**

**218 North Main Street, Suite 1**

**Greeneville, TN 37745**

**Phone (423) 798-1715**

**Fax (423) 798-1719**

**July 14, 2012**

**Cara Harr, HAVA Attorney  
Division of Elections  
312 Rosa L. Parks Ave  
Ninth Floor  
William R. Snodgrass Towers  
Nashville, TN 37243**

**Dear Cara,**

**On Friday, July 13, 2012, Amanda L. Martin registered to vote and provided our office with a certificate of restoration.**

**Documents enclosed for Ms. Martin:**

- **Certificate of Restoration Old form (SS-3041 Rev.06/06)**
- **Voter Registration Applications (front and back)**
- **Conviction Date: August 15, 2005**
- **Crime: Controlled substance**

**Please advise our office if the applicant is eligible to register to vote in Greene County or if there is something else that is needed to complete the requirements.**

**Your assistance is greatly appreciated.**

**Sincerely,**



**Donna A. Burgner  
Administrator of Elections**

7-21-12 @ 10:31 AM

Amanda Martin  
per Cara - Old Form  
(Cannot Process)  
Send New COR Form  
to be completed.

Peggy A. McCamey, Chairman  
William West, Secretary  
Avery Ayers, Member  
Ben Hankins, Member  
Richard Keller, Member

**Greene County Election Commission**

**218 N. Main Street, Suite #1**

**Greeneville, Tennessee 37745**

**Phone: (423) 798-1715**

**Fax: (423) 798-1719**

**E-mail: ElectionCommission@greenecountytngov.com**

Donna A. Burgner,  
Administrator of Elections

September 15, 2012

Amanda L. Martin  
1830 Babbs Mill Rd.  
Afton, TN 37616

Dear Ms. Martin:

Our office submitted the documentation you provided to our office as proof that your Voting Rights had been restored to the Coordinator of Elections Office. However, upon further review and under the advisement of the Coordinator of Elections Office, the information you submitted does not meet the needed qualifications for showing proof of Restoration of Voting Rights for the State of Tennessee.

In order to be eligible to register to vote, you must provide our office with the proper documentation showing that your voting rights have been restored. There are two procedures available for restoring your voting rights:

**(1.) Court Order**

- ◆ *Obtain a Court Order restoring your rights in either the county in which you currently reside or the county in which you were convicted.*
- ◆ *Submit a Certified Copy of the original order to the Greene County Election Commission*

**(2.) Certificate of Restoration**

- ◆ *Have authorized agent(s) complete Sections 1 through 4*
- ◆ *Submit the completed Certificate of Restoration to the Greene County Election Commission*

We have enclosed a Certificate of Restoration of Voting Rights Form for your convenience, if that is the option you choose to complete. Once we receive the required documentation from you, we will submit the information to the Coordinator of Elections for verification. Upon verification that the submitted documentation meets the needed qualifications and there are no outstanding obligations due, you may be considered eligible to register to vote. ***Please note the deadline to register to vote for the upcoming November 6, 2012 Election is Monday, October 8, 2012.***

If you have any questions or concerns, please don't hesitate to contact our office. Our office hours are Monday through Friday, from 8:30 a.m. to 4:30 p.m.

Sincerely,

*Greene County Election Commission*

*Donna A. Burgner*

Donna A. Burgner,  
Administrator of Elections

COPY



Division of Elections  
Tre Hargett, Secretary of State



State of Tennessee  
312 Rosa L. Parks Avenue, 9th Floor  
Nashville, Tennessee 37243  
615-741-7956

**CERTIFICATE OF RESTORATION  
OF VOTING RIGHTS  
for Persons Convicted of a Felony After May 18, 1981**

TO BE COMPLETED BY AN AGENT OF THE PARDONING AUTHORITY, AN AGENT OR OFFICER OF THE INCARCERATING AUTHORITY, OR A PROBATION/PAROLE OFFICER OR AGENT OF THE SUPERVISING AUTHORITY.

1. I hereby certify that the following information is true and correct:

- a. Applicant's Name: \_\_\_\_\_  
(First) (Middle) (Last)
- b. Applicant's County of Residence: \_\_\_\_\_
- c. Felony Conviction: \_\_\_\_\_
- d. Month/Day/Year of Conviction: \_\_\_\_\_ TOMIS ID: (if applicable) \_\_\_\_\_
- e. Date of Birth: \_\_\_\_\_ f. Soc. Sec. No.: \_\_\_\_\_

2. On the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ **(check one)**

- ☐ The above individual received a pardon which contained no special conditions pertaining to the right of suffrage. A copy of said pardon is attached hereto; or
- ☐ The maximum sentence imposed for such infamous crime has been served by the above individual; or
- ☐ The maximum sentence imposed for such infamous crime has expired; or
- ☐ The above individual has been granted final release from incarceration or supervision by the Board of Probation/Parole, the Department of Correction, or county correction authorities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. I hereby certify that the following is true and correct: **(check one)**

- ☐ The court did not order the above individual to pay any restitution as part of his or her sentence; or
- ☐ All of the restitution ordered by the court as a part of the sentence for the above individual has been paid.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

4. I hereby certify that the following is true and correct: **(check one)**

- ☐ The court did not order the above individual to pay any court cost as part of his or her sentence; or
- ☐ All court cost assessed against the above individual has been paid; or
- ☐ The court has made a finding at an evidentiary hearing that the above individual is indigent at the time of application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## INSTRUCTIONS

COPY

Instructions to the Agent Completing the Certificate of Restoration:

*In order to complete any section of this form, the agent must have access to the information being attested to on this form.*

1. In **BOX #1**, the proper authority/agent must provide the requested applicant information.

NOTE: For 1c, list the crime(s) for which the person was convicted.

For 1d, list the date the person was convicted for the crime listed in 1c.

2. In **BOX #2**, the proper authority/agent must provide the following information:

- a) Provide the date that corresponds to the box that is checked
- b) Check the appropriate box indicating how the applicant completed their sentence
- c) Provide your signature (print name below signature) and contact information

3. In **BOX #3**, the proper authority/agent must provide the following information:

- a) Check the appropriate box as it relates to any restitution that was or was not assessed to the applicant.
- b) Provide your signature (print name below signature) and contact information.

4. In **BOX #4**, the proper authority/agent must provide the following information:

- a) Check the appropriate box as it relates to any court fines that were assessed to the applicant.
- b) Provide your signature (print name below signature) and contact information.

**Persons convicted of any of the following, cannot have his or her voting rights restored:**

- Between July 1, 1986, and June 30, 1996 - first degree murder, aggravated rape, treason, or voter fraud
- Between July 1, 1996, and June 30, 2006 - murder, rape, treason, or voter fraud
- On or after July 1, 2006 – Any of the above, or any degree of murder or rape or any felony offense under TCA Title 39, Chapter 16, parts 1, 4, or 5; or any sexual offense under TCA § 40-39-202(17) or any violent sexual offense under TCA § 40-39-202(25) designated as a felony and where the victim of such offense was a minor

**Instructions to the Applicant Seeking to have His or Her Voting Rights Restored:**

- After completion, the original form must be filed with the local county election commission office in the county the applicant desires to register to vote.

**NOTICE**

A person is not eligible to apply for a voter registration card and have their voting rights restored unless the person is current in all child support obligations. Before restoring the voting rights of an applicant, the Coordinator of Elections will verify with the Department of Human Services that the applicant does not have any outstanding child support payments or arrearages.



**GREENE COUNTY ELECTION COMMISSION**  
218 NORTH MAIN STREET, SUITE 1  
GREENEVILLE, TN 37745-3834

**RETURN SERVICE REQUESTED**



**Amanda L. Martin**  
1830 Babbs Mill Rd.  
Afton, TN 37616

COPY

Amanda Martin

2:16pm

9-20-12

525-3563

Returned call about  
letter sent.

Received @ 7/13/2012 4:20pm  
In Person  
Greene County Election Commission**CERTIFICATE OF RESTORATION**  
**For Persons Convicted of a Felony After May 18, 1981**  
**STATE OF TENNESSEE**

(To be eligible for voter registration, the person must be current in all child support obligations, if any.)

COMPLETED BY AN AGENT OF THE PARDONING AUTHORITY, AN AGENT OR OFFICER OF THE INCARCERATING AUTHORITY, OR A PROBATION/PAROLE OFFICER OR AGENT OF THE SUPERVISING AUTHORITY:

1. I, hereby certify that the following information is true and correct:

- a. Applicant's Name: Amanda Martin
- b. Applicant's County of Residence: Greene
- c. Felony Conviction: Controlled Substance-sell-distribute-or dispense
- d. Mo/Day/Yr. of Conviction: 08/15/05
- e. Date of Birth: [REDACTED] f. Soc. Sec. No.: [REDACTED]

2. On the 7<sup>th</sup> day of April, 2010.

## 3. CHECK ONE

- ☐ The above individual received a pardon which contained no special conditions pertaining to the right of suffrage. A copy of said pardon is attached hereto; or
- ☐ The maximum sentence imposed for such infamous crime has been served by the above individual; or
- ☐ The maximum sentence imposed for such infamous crime has expired; or
- ☒ The above individual has been granted final release from incarceration or supervision by the Board of Probation and Parole, the Department of Correction, or county correction authorities. U.S. Probation Office, Greenville, TN.

4. Cara Widner 4/8/10  
SIGNATURE DATE OF SIGNATURE  
Cara Widner U.S. Probation Officer  
PRINTED NAME TITLE  
200 W Depot St. Greenville, TN (423) 638-8121 ext. 1005  
ADDRESS DAYTIME PHONE NUMBER

COMPLETED BY THE CIRCUIT/CRIMINAL COURT CLERK, OR AGENT THEREOF:

5. I hereby certify that the following information is true and correct: (CHECK ONE)
- ☒ The court did not order the above individual to pay any restitution as a part of his or her sentence; or
- ☒ All of the assessment fee restitution ordered by the court as a part of the sentence for the above individual has been paid. \$100 receipt # 11464

6. Frances Mahery 7/13/12  
SIGNATURE DATE OF SIGNATURE  
Frances Mahery Case manager  
PRINTED NAME TITLE  
USDC 220 W Depot Suite 200 ( ) 423-639-3105  
ADDRESS DAYTIME PHONE NUMBER  
Greenville, TN 37743

SS-3041 (Rev. 6/06)

SEE REVERSE FOR INSTRUCTIONS

Elections Division RDA S836-1

7/21/2012 - told Ginger cant process @ this time w/o CC info



Received @ 7/13/2012 @ 4:20pm  
Greene County Election Commission  
In-Person  
SAR

## INSTRUCTIONS

### Instructions to the Agent Completing the Certificate of Restoration:

1. **APPLICANT INFORMATION.** Provide the requested information.  
For 1c, list the crime(s) for which the person was convicted.  
For 1d, list the date the person was convicted for the crime listed in 1c.
2. **AFFIRMATION CLAUSE.** Provide the date that:
  - i. the applicant received a pardon;
  - ii. the applicant was released from a penal institution and had served the maximum sentence;
  - iii. the applicant's maximum sentence expired; or
  - iv. the applicant was granted final release from incarceration or supervision by the Board of Probation and Parole, the Department of Correction, or the county correction authorities.
3. **REASON FOR RESTORATION.** Check the appropriate box.
4. **SIGNATURE OF THE PROPER AUTHORITY.** Information required in boxes numbered 1-4 must be completed and signed by either:
  - i. the pardoning authority;
  - ii. an agent or officer of the supervising or incarcerating authority; or
  - iii. a probation/parole officer.
5. **CERTIFICATION REGARDING RESTITUTION REQUIREMENTS.** Check the appropriate box.
6. **SIGNATURE OF THE PROPER AUTHORITY.** Information required in boxes numbered 5-6 must be completed and signed by:
  - i. the circuit or criminal court clerk or an agent of the clerk of court; or
  - ii. a probation/parole officer, or an agent or officer of the supervising or incarcerating authority who has knowledge of the applicant's restitution requirements.

### Persons convicted of any of the following, cannot have his or her voting rights restored:

- Between July 1, 1986, and June 30, 1996 - first degree murder, aggravated rape, treason, or voter fraud
- Between July 1, 1996, and June 30, 2006 - murder, rape, treason, or voter fraud
- On or after July 1, 2006 - Any of the above, or any degree of murder or rape or any felony offense under TCA Title 39, Chapter 16, parts 1, 4, or 5; or any sexual offense under TCA § 40-39-202(17) or any violent sexual offense under TCA § 40-39-202(25) designated as a felony and where the victim of such offense was a minor

### Instructions to the Applicant Seeking to have His or Her Voting Rights Restored:

- After completion, the original form must be filed with the local county election commission

#### NOTICE

If a person has child support obligations, to have one's voting rights restored, the person must be current in the payment of all child support obligations. Before restoring the voting rights of an applicant, the Coordinator of Elections will verify with the Department of Human Services that the applicant does not have any outstanding child support payments due.

**GREENE COUNTY ELECTION COMMISSION**  
218 North Main Street, Suite 1  
Greeneville, TN 37745  
Phone (423) 798-1715  
Fax (423) 798-1719

July 14, 2012

**Cara Harr, HAVA Attorney**  
Division of Elections  
312 Rosa L. Parks Ave  
Ninth Floor  
William R. Snodgrass Towers  
Nashville, TN 37243

Dear Cara,

On Friday, July 13, 2012, Amanda L. Martin registered to vote and provided our office with a certificate of restoration.

Documents enclosed for Ms. Martin:

- Certificate of Restoration Old form (SS-3041 Rev.06/06)
- Voter Registration Applications (front and back)
- Conviction Date: August 15, 2005
- Crime: Controlled substance

Please advise our office if the applicant is eligible to register to vote in Greene County or if there is something else that is needed to complete the requirements.

Your assistance is greatly appreciated.

Sincerely,



Donna A. Burgner  
Administrator of Elections





## VOTING RECORD

## TRANSFERRED TO NEW ADDRESS

Year	Primary Elections		General Elections		City Elections		Other Election Ballot No.	House No.	Street, Road or R.F.D. No.	Ward or County Precinct	Clerk	Date
	Party	Ballot No.	August Ballot No.	November Ballot No.	Primary Ballot No.	Regular Ballot No.						
1986												
1987												
1988												
1989												
1990												
1991												
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2002												
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2004												
2005												

DATE	CRIME(S)	STATE
8/05	Controlled substance	TN

Time Received 3:44:28pm  
Greene County Election Comm.  
JUL 13 2012

218 N. Main St., Suite 1  
Greenville, TN 37745